Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

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|                        | Application Number     | 09/935,520      |  |  |
|------------------------|------------------------|-----------------|--|--|
| REQUEST FOR WITHDRAWAL | Filing Date            | August 23, 2001 |  |  |
| AS ATTORNEY OR AGENT   | First Named Inventor   | Edward Thornton |  |  |
| AND CHANGE OF          | Art Unit               | 1761            |  |  |
| CORRESPONDENCE ADDRESS | Examiner Name          | Drew E. Becker  |  |  |
|                        | Attorney Docket Number | 022116-9002-01  |  |  |

| P.6                     | mmissioner for Patents D. Box 1450 D.xandria 4.V A 22313-1450   |  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|--|
| Please                  | withdraw me as attorney or agent for the above identified patent application, and   |  |  |  |  |  |  |  |
|                         | all the practitioners of record,  |  |  |  |  |  |  |  |
|                         | the practitioners (with registration numbers) of record listed on the attached paper(s); or   |  |  |  |  |  |  |  |
| V                       | the practitioners of record associated with Customer Number:023409  |  |  |  |  |  |  |  |
|                         | The immediately preceding box should only be marked when the practitioners were appointed using the listed<br>er Number.                                |  |  |  |  |  |  |  |
| The r                   | eason(s) for this request are those described in 37 CFR   |  |  |  |  |  |  |  |
|                         | 10.40(b)(1)   |  |  |  |  |  |  |  |
|                         | 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii)   |  |  |  |  |  |  |  |
|                         | 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)  |  |  |  |  |  |  |  |
|                         | 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:   |  |  |  |  |  |  |  |
|                         |   |  |  |  |  |  |  |  |
|                         | Certifications  |  |  |  |  |  |  |  |
| Check<br>be app         | each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not roved.                                       |  |  |  |  |  |  |  |
| 1. <b>√</b><br>practiti | I/I/We have given reasonable notice to the client, prior to the expiration of the response period, that the oner(s) intend to withdraw from employment. |  |  |  |  |  |  |  |
| 2. 🗹<br>(includ         | I/We have delivered to the client or a duly authorized representative of the client all papers and property ing funds) to which the client is entitled. |  |  |  |  |  |  |  |
| 3.   √ client n         | I/We have notified the client of any responses that may be due and the time frame within which the nust respond.  |  |  |  |  |  |  |  |
| Please                  | provide an explanation, if necessary:   |  |  |  |  |  |  |  |
|                         |   |  |  |  |  |  |  |  |

[Page 1 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially in governed by 35 U S C 122 and 37 CFR 1 11 and 1.14. This collection is estimated to base 12 immulses to complete individual probability in governed by 35 U S C 122 and 37 CFR 1 11 and 1.14. This collection is estimated to base 12 immulses to complete individual growth individual capacition from the USPTO. These will valve geographic growth individual capacition from the USPTO. These will valve growth growth or the Standard sequence of the USPTO. The valve sequence is a sequence of the USPTO. The valve sequence is a sequence of the USPTO. The valve sequence is a sequence of the USPTO. The valve sequence is a sequence of the USPTO. Commission for Parletine, P.O. Box 1450, Alexandria, VA 22315-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commission for Parletine, P.O. Box 1450, Alexandria, VA 22315-1450.

PTO/SB/83 (11-08)

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| A The address of the inventor or assignee associated with Customer Number  |   |                                  |           |                            |            |  |  |  |
| OR   |   |                                  |           |                            |            |  |  |  |
|  | Assignee name Creative Culinary Solutions, Inc. |                                  |           |                            |            |  |  |  |
| Address 719 Wexford Way  |   |                                  |           |                            |            |  |  |  |
| City Hartford State WI   |   |                                  | Zip 53029 |                            | Country US |  |  |  |
| Telephone  |   |                                  | E         | Email                      |            |  |  |  |
| I am authorized to sign on behalf of myself and all withdrawing practitioners.   |   |                                  |           |                            |            |  |  |  |
| Signature A  |   |                                  |           |                            |            |  |  |  |
| Name   | Stephen A.                                      | A. Gigot Registration No. 51,232 |           |                            |            |  |  |  |
| Address Michael Best & Friedrich LLP, 100 East Wisconsin Avenue, Suite 3300  |   |                                  |           |                            |            |  |  |  |
| City Milwaukee State W   |   |                                  |           | Zip 53202-4108 Country US  |            |  |  |  |
| Date   | e 11/11/09                                      |                                  |           | Telephone No. 414-271-6560 |            |  |  |  |
| NOTE: Withdrawal is effective when approved rather than when received.   |   |                                  |           |                            |            |  |  |  |

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